

Department of Public Health and Social Services
Division of Environmental Health
Food Establishment Inspection Report

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INSPECTION	RSN	TYPE	GRADE	INSPECTION DATE	ESTABLISHMENT NAME
Regular		<input checked="" type="checkbox"/>	<u>18</u>	<u>2, 15, 2022</u>	<u>APPLEBEES GUAM</u>
Follow-up				TIME IN	TIME OUT
Complaint	<input checked="" type="checkbox"/>		RATING	<u>1:00 PM</u>	<u>4:35 PM</u>
Investigation			<u>B</u>	SANITARY PERMIT NO.	PERMIT HOLDER
Other:				<u>210000 363</u>	<u>APPLE PACIFIC LLC</u>
ESTABLISHMENT TYPE				AREA	TELEPHONE
<u>RESTAURANT</u>				<u>7</u>	<u>648-2337</u>
				No. of Risk Factor/Intervention Violations	RISK CATEGORY
				<u>2</u>	<u>3</u>
				No. of Repeat Risk Factor/Intervention Violations	
				<u>0</u>	
LOCATION (Address) <u>LOT 2145-REM-5 #341 CHALAN SAN ANTONIO, UNIT A, TAMUNING</u>					

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance (IN, OUT, N/A) for each numbered item. Mark "X" in appropriate box for COS and/or R.

IN = In compliance OUT = Not in compliance N/O = Not observed N/A = Not applicable COS = Corrected on-site during inspection R = Repeat violation PTS = Demerit points

Compliance Status				COS	R	PTS
Supervision						
1	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Person in charge present, demonstrates knowledge, and performs duties			6
Employee Health						
2	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Management awareness; policy present			6
3	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Proper use of reporting, restriction & exclusion			6
Good Hygienic Practices						
4	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	N/A	N/O		6
5	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	N/A	N/O		6
Preventing Contamination by Hands						
6	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	N/A	N/O		6
7	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	N/A	N/O		6
8	<input checked="" type="radio"/> IN	<input type="radio"/> OUT				6
Approved Source						
9	<input checked="" type="radio"/> IN	<input type="radio"/> OUT				6
10	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	N/A	N/O		6
11	<input checked="" type="radio"/> IN	<input type="radio"/> OUT				6
12	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	N/A	N/O		6
Protection from Contamination						
13	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	N/A			6
14	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	N/A			6
15	<input checked="" type="radio"/> IN	<input type="radio"/> OUT				6

Compliance Status				COS	R	PTS
Potentially Hazardous Food (TCS Food)						
16	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	N/A	N/O		6
17	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	N/A	N/O		6
18	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	N/A	N/O		6
19	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	N/A	N/O		6
20	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	N/A			6
21	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	N/A	N/O		6
Consumer Advisory						
22	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	N/A			6
Highly Susceptible Populations						
23	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	N/A			6
Chemical						
24	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	N/A			6
25	<input checked="" type="radio"/> IN	<input type="radio"/> OUT				6
Conformance with Approved Procedures						
26	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	N/A			6

Risk factors are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public Health interventions are control measures to prevent foodborne illness or injury.

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the introduction of pathogens, chemicals, and physical objects into foods.

Mark "X" in box: If numbered item is not in compliance and/or if COS and/or R.

Compliance Status				COS	R	PTS
Safe Food and Water						
27			Pasteurized eggs used where required			1
28			Water and Ice from approved source			2
29			Variance obtained for specialized processing methods			1
Food Temperature Control						
30	<input checked="" type="radio"/> X		Proper cooling methods used; adequate equipment for temperature control			1
31			Plant food properly cooked for hot holding			1
32			Approved thawing methods used			1
33			Thermometer provided and accurate			1
Food Identification						
34			Food properly labeled; original container			1
Prevention of Food Contamination						
35	<input checked="" type="radio"/> X		Insects, rodents, and animals not present			2
36	<input checked="" type="radio"/> X		Contamination prevented during food preparation, storage & display			1
37			Personal cleanliness			1
38	<input checked="" type="radio"/> X		Wiping cloths: properly used and stored			1
39			Washing fruits and vegetables			1

Compliance Status				COS	R	PTS
Proper Use of Utensils						
40	<input checked="" type="radio"/> X		In-use utensils: properly stored			1
41			Utensils, equipment and linens: properly stored, dried, handled			1
42			Single-use/single-service articles: properly stored, used			1
43			Gloves used properly			1
Utensils, Equipment and Vending						
44	<input checked="" type="radio"/> X		Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used			1
45			Warewashing facilities: installed, maintained, used; test strips			1
46	<input checked="" type="radio"/> X		Nonfood-contact surfaces clean			1
Physical Facilities						
47			Hot & cold water available, adequate pressure			2
48			Plumbing installed; proper backflow devices			2
49			Sewage and wastewater properly disposed			2
50			Toilet facilities: properly constructed, supplied, & cleaned			2
51			Garbage/refuse properly disposed; facilities maintained			2
52	<input checked="" type="radio"/> X		Physical facilities installed, maintained, and clean			1
53			Adequate ventilation and lighting; designated areas use			1
Documents and Placards						
54			Sanitary Permit, Health Certificates valid and posted			2

I have read and understand the above violation(s), and I am aware of the corrective measures that shall be taken.

Person in Charge (Print and Sign) BREHAN MCKINNON

DEH Inspector (Print and Sign) T. SHIMIZU

Date: 2/15/22

Follow-up (Circle one): YES NO

Follow-up Date: 2/25/2022

Department of Public Health and Social Services
Division of Environmental Health

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ESTABLISHMENT NAME

APPLEPEES GUAM

LOCATION (Address)

SEE PAGE 1

INSPECTION DATE

2/15/2022

SANITARY PERMIT NO.

210000763

PERMIT HOLDER

SEE PAGE 1

TEMPERATURE OBSERVATIONS

Item/Location	Temperature (° F)	Item/Location	Temperature (° F)
CUT LETTUCE / PREP CHILLER	56.0	RAW BEEF STEAK / UNDER GRILL	37.0
RAIN EGG / PREP CHILLER	61.0	RAW GROUND BEEF / CHILLER DRAWER	
RAW SHRIMP / PREP CHILLER	59.0	RAW GROUND BEEF / "	42
COOKED BEEF / PREP CHILLER	51.8	RAW PORK / WALK-IN CHILLER	34.8
COOKED POT ROAST / PREP CHILLER	62.0	RAW BEEF / WALK-IN CHILLER	37.0
RAW SHRIMP / UNDER GRILL CHILLER	43	CHICKEN KEBABEN / SALAD BAR	47.1
MUSSELS / UNDER GRILL CHILLER	42	CUT CANTALOUPE / SALAD BAR	70.9
RAW CHICKEN / UNDER GRILL CHILLER	36.1	CUT LETTUCE / SALAD BAR	63.1

ITEM NO.

OBSERVATIONS AND CORRECTIVE ACTIONS

CORRECT
BY DATE

Violations cited in this report must be corrected within the time frames indicated, or as stated in Sections 8-405.11 and 8-406.11 of the Guam Food Code.

A REGULAR INSPECTION WAS CONDUCTED TODAY IN RESPONSE TO COMPLAINT NO. 22-012 REGARDING GNATS IN THE RESTAURANT AREA. GNATS WERE OBSERVED AT THE SALAD BAR, BAR AREA, AND IN THE UTILITY WASHING ROOM.

PREVIOUS INSPECTION ON 8/31/2020 RESULTED IN O/A.

THE FOLLOWING VIOLATIONS WERE OBSERVED:

8 HANDWASHING SINK IN BAR AREA NOT SUPPLIED WITH HOT WATER. HANDWASHING SINK AT ENTRANCE TO KITCHEN HAD WIPING CLOTH STORED IN IT. HANDWASH SINKS IN RESTROOMS NOT SUPPLIED WITH HOT WATER. ALL HANDWASH SINKS SHALL BE SUPPLIED WITH HOT WATER, SOAP, PAPER TOWEL, AND A TRASH RECEPTACLE, AND SHALL ONLY BE USED FOR HANDWASHING IN ORDER TO PROMOTE PROPER HAND HYGIENE, AND TO PREVENT CROSS-CONTAMINATION.

2/25/22

20 MULTIPLE POTENTIALLY HAZARDOUS FOODS (PHF) AND TIME-TEMPERATURE CONTROLLED COOKED (TCC) FOODS HELD ABOVE 41°F IN THE PREP CHILLER AND AT THE SALAD BAR.

Based on the inspection today, the items listed above identify violations which shall be corrected by the date specified by the Department. Failure to comply may result in the immediate suspension of the Sanitary Permit or downgrade. If seeking to appeal the result of any notice or inspection findings, a written request for hearing must be submitted to the Director within the period of time established in the notice for corrections.

Person in Charge (Print and Sign)

Breanan McKinnon

DEH Inspector (Print and Sign)

T. SHIMIZU EPHO I

Date:

2/15/22

Date:

2/15/22

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ESTABLISHMENT NAME APPLEBEES GUAM		LOCATION (Address) SEE PAGE 1	
INSPECTION DATE 2.15.2022	SANITARY PERMIT NO. 21000363	PERMIT HOLDER SEE PAGE 1	

ITEM NO.	OBSERVATIONS AND CORRECTIVE ACTIONS	CORRECT BY DATE
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Violations cited in this report must be corrected within the time frames indicated, or as stated in Sections 8-405.11 and 8-406.11 of the Guam Food Code.

20 (CONT.)	ALL PREP/ACS FOOD SHALL BE STORED AT OR BELOW 41°F TO PREVENT THE GROWTH OF PATHOGENS THAT MAY CAUSE FOODBORNE ILLNESS. CUS: OUT OF TEMPERATURE ITEMS AT THE SALAD BAR AND THE ONE PREP CHILLER WERE DISCARDED.	COS
22	CONSUMER ADVISORY FOR UNDERCOOKED FOOD MENU ITEMS NOT PROVIDED IN THE MENU. MENU ITEMS THAT CAN BE ORDERED UNDERCOOKED MUST HAVE A CONSUMER ADVISORY WHICH INCLUDES A DISCLOSURE AND REMINDER THAT CONSUMING UNDERCOOKED ANIMAL PRODUCT MAY CAUSE FOODBORNE ILLNESS.	2/25/22
25	RAID FOR RESIDENTIAL USE ONLY FOUND IN THE OFFICE AND UNDER SALAD BAR. ONLY CHEMICALS APPROVED FOR COMMERCIAL USE IN KITCHENS SHALL BE ON THE PREMISES, IN ORDER TO PREVENT CHEMICAL CROS-CONTAMINATION. CUS: REMOVED FROM PREMISES.	COS
30	PREP CHILLER NOT MAINTAINING APPROPRIATE COOLING TEMPERATURES. ALL EQUIPMENT IS COOLING EQUIPMENT SHALL BE ADEQUATE AND BE ABLE TO MAINTAIN APPROPRIATE TEMPERATURES.	3/17/22
35	GNATS PRESENT IN THE FACILITY. FRONT DOOR SEALS ARE INADEQUATE. CEILING TILE IN OFFICE COULD BE NEEDS REPAIR. CAULKING FOR OUTER OPENINGS SHALL BE SEALED TO PREVENT PEST AC-15 ENTRY OF PESTS. WAREWASH SINKS AND HANDWASH SINK IN KITCHEN IS WORN. OUTER OPENINGS SHALL BE SEALED AND EQUIPMENT MAINTAINED SO AS NOT TO ALLOW PEST ENTRY OR PEST HARBORAGE.	3/17/22

Based on the inspection today, the items listed above identify violations which shall be corrected by the date specified by the Department. Failure to comply may result in the immediate suspension of the Sanitary Permit or downgrade. If seeking to appeal the result of any notice or inspection findings, a written request for hearing must be submitted to the Director within the period of time established in the notice for corrections.

Person in Charge (Print and Sign) BREIAN MCKINNON	Date: 2/15/22
DEH Inspector (Print and Sign) T. SHIMIZU EPHO I	Date: 2/15/2022

Department of Public Health and Social Services
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ESTABLISHMENT NAME
APPLEPEES GUAM

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210000 363

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36	FOOD ITEMS IN WALK-IN AND FREEZER STORED DIRECTLY ON THE FLOOR. ALL FOOD ITEMS SHALL BE STORED 6 INCHES ABOVE THE GROUND TO PROMOTE GENERAL CLEANING AND PREVENT CONTAMINATION. COS: ELEVATED ITEMS.	COS
38	WIPING CLOTHS NOT STORED IN SANITIZING SOLUTION BUCKET. ALL WIPING CLOTHS SHALL BE STORED IN A BUCKET OF SANITIZING SOLUTION TO PREVENT CROSS CONTAMINATION. COS: WIPING CLOTHS WERE PLACED IN SANITIZING SOLUTION BUCKET.	COS
40	ICE SHOOP AND ICE MIXER WERE IMPROPERLY STORED DIRECTLY ON EXTERIOR. ALL IN USE UTENSILS SHALL BE STORED TO PREVENT CONTAMINATION OF THE FOOD CONTACT SURFACE OF THE UTENSIL. COS: ICE SHOOP AND ICE MIXER WERE REMOVED AND WASHED AND SANITIZED, AND APPROPRIATE STORAGE PROVIDED.	COS
44	CUTTING BOARDS WITH DISCOLORATION AND DEEP CUT MARKS. V. ALL FOOD AND NON-FOOD CONTACT SURFACES SHALL BE CLEANABLE, PROPERLY CONSTRUCTED TO PROMOTE THOROUGH CLEANING AND PREVENT CROSS-CONTAMINATION.	3/17/22
46	EXTERIOR OF ICE MACHINE AND THE SLIDING DOOR NOT OF ICE MACHINE NOT MAINTAINED CLEAN. NON-FOOD CONTACT SURFACES ^{OF EQUIPMENT} SHALL BE MAINTAINED CLEAN IN ORDER TO PREVENT CROSS CONTAMINATION.	3/17/2022
52	SOME STAINS ON WALLS OF KITCHEN, DEBRIS OBSERVED UNDER MANUAL WAREWASHING SINK, AND IN CORNERS OF BAR AREA, DUST AND DEBRIS IN UTILTY ROOM FLOORS. PHYSICAL FACILITIES SHALL BE MAINTAINED CLEAN FOR OVERALL SANITATION AND THOROUGHLY CLEANED TO PROMOTE OVERALL SANITATION.	3/17/2022

Based on the inspection today, the items listed above identify violations which shall be corrected by the date specified by the Department. Failure to comply may result in the immediate suspension of the Sanitary Permit or downgrade. If seeking to appeal the result of any notice or inspection findings, a written request for hearing must be submitted to the Director within the period of time established in the notice for corrections.

Person in Charge (Print and Sign)
BRETT MCKINNON

DEH Inspector (Print and Sign)
T. SHIMIZU EPH-I

Date:
2/15/22

Date:
2/15/22

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LOCATION (Address)

APPLETES 64AM

SEE PAGE 1

INSPECTION DATE

SANITARY PERMIT NO.

PERMIT HOLDER

INSPECTION DATE
2, 15, 2022

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21000363

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ITEM NO.

**CORRECT
BY DATE**

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PHOTOS WERE TAKEN.

"A" PLACARD No. 102582 REMOVED.

ISSUED AND POSTED ~~BY~~ PLACARD NO. 01403.

RE-INSPECTION REQUEST PROVIDED.

DISCUSSED REPORT WITH PERSON IN-CHARGE.

Person in Charge (Print and Sign)

on in Charge (Print and Sign) BREAN MCKINNON

DEH Inspector (Print and Sign)

T. SHIMIZU

EPH I

Date: 2/15/22

Date: 2/15/2022